


# COMMUNICATION

# Impact!

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A hairdresser displaying a poster demonstrates the campaign's involvement with small businesses.



Guinea Youth Campaign Logo

## To learn more about the Guinea campaign contact:

**Esther Braud**  
Program Officer, [ebraud@jhuccp.org](mailto:ebraud@jhuccp.org)  
**Carol Sienche**  
Sr. Program Officer, [csienche@jhuccp.org](mailto:csienche@jhuccp.org)  
**Fannie Fonseca-Becker, DrPH**  
Sr. Research and Evaluation Officer  
[ffbecker@jhuccp.org](mailto:ffbecker@jhuccp.org)  
**Guillaume Bakadi**  
Guinea Country Representative  
[gbakadi@yahoo.fr](mailto:gbakadi@yahoo.fr)

Johns Hopkins University  
Bloomberg School of Public Health  
Center for Communication Programs  
111 Market Place, Suite 310  
Baltimore, Maryland 21202, USA  
Tel: (410) 659-6300  
Fax: (410) 659-6266  
Website: <http://www.jhuccp.org>  
E-mail: [orders@jhuccp.org](mailto:orders@jhuccp.org)

## Guinea's Youth-Driven Campaign Promotes Right to Abstain or Use Condoms

*Young Adults Included in Program against STIs, HIV, Unintended Pregnancy*

The Guinea Youth Campaign offered young adults a community-based approach to prevent HIV infection and unintended pregnancy with the slogan "My right—Information; My duty—abstinence or condom use." The campaign's success can be attributed in large part to involving youth in the development of innovative health communication interventions at the community level. Those innovations included reaching young adults through tailors, hairdressers, and café staff.

Guinea currently has an HIV prevalence of 2.5% among youth, 2.3% for pregnant women, and 43% for pockets of the population such as commercial sex workers.

*PRISM (Pour Renforcer les Interventions en Santé reproductive et MST/SIDA)*—Strengthening Interventions in Reproductive Health and STD/AIDS), a project designed by the U.S. Agency for International Development (USAID) with the Government of Guinea, implemented the Guinea Youth Campaign. In partnership with the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), Management Sciences for Health (MSH) leads the *PRISM* project.

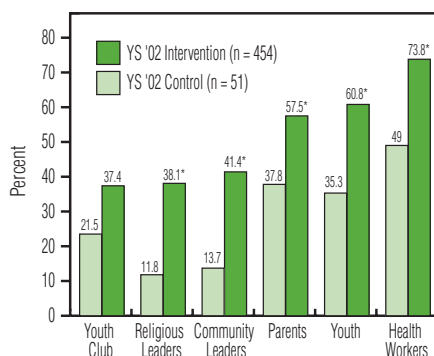
When the campaign launched in eight districts in July and August 2001, its overall goal was to help create a more receptive environment that was open to discussing sexually transmitted infections (STIs) and HIV/AIDS, unintended pregnancies, and safe sexual practices for young men and women ages 15 to 24. The yearlong campaign combined youth-driven community-based interventions with mass media. Key activities were:

- advocacy with community leaders and parents;
- peer educator outreach;
- service provider training;
- radio programs;
- involvement of local small businesses; and
- print and promotional materials.

### Community Mobilization with Youth for Youth

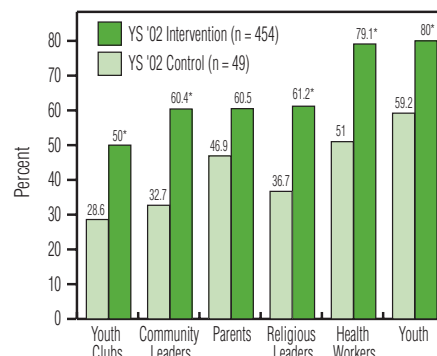
The campaign's success was due to exceptional coordination at the regional, district, and local levels. Advocacy with community leaders and parents was an essential first step in this process. Regional and district working groups made up of local leaders and representatives of local NGOs and various ministries met regularly to review strategy, coordinate the preparation and follow-up of youth

**Figure 1. Proportion of females reporting increased community openness in discussing youth sexuality (by intervention and control)**



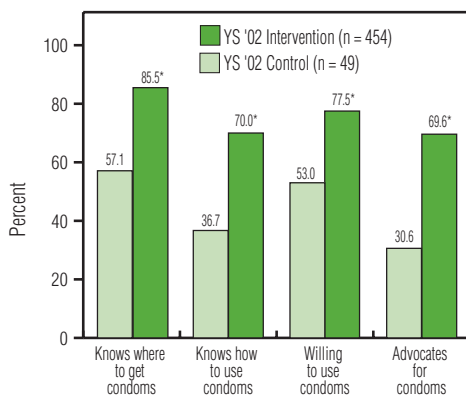
Source: PRISM /CCP Youth Survey 2002 \*p<.01 prompted responses

**Figure 2. Proportion of males reporting increased community openness in discussing youth sexuality (by intervention and control)**



Source: PRISM /CCP Youth Survey 2002 \*p<.01 prompted responses

**Figure 3. Proportion of males reporting increased condom awareness** (by intervention and control)



Source:  
PRISM/CCP  
Youth Survey 2002  
\* $p < .01$

activities, and ensure objectives were met. These groups helped harmonize and sustain communication activities in each of the eight districts.

Campaign launches included large events developed for youth by youth that were covered on rural radio and national television. Local and regional political and religious leaders representing Upper Guinea publicly endorsed the activities. The regional working groups coordinated this high level of support.

The regional working groups also supervised the process of identifying peer educators, which included an equal representation of boys and girls. Several community representatives participated in the recruitment as well, such as parents and health workers. *PRISM* trained peer educators to reach and/or refer youth to information about preventing HIV/AIDS and unintended pregnancies. They reached peers through organized community events (soccer and street shows), *grains* (groups of friends that meet daily for traditional tea ceremonies), *seres* (social groups bringing together same-age youth) and health center outreach.

A partnership between *PRISM* and small businesses carried out many of the social mobilization activities. This initiative included more than 150 tailors, hairdressers, and café owners. The small business owners decorated their shops with campaign logos and served as sources of information and/or referrals for pregnancy and HIV/AIDS prevention.

*PRISM* trained 22 health providers from 20 health centers in technical issues and interpersonal communication and counseling to help with youth counseling and referrals. Personnel from 89 health centers participated

in the campaign and worked closely with the peer educators.

Eight theater groups (one in each district) were trained in health issues and performed in the communities. They presented dramas based on themes such as reproductive health, sexuality, abstinence, and condom use.

A series of 16 interactive radio programs, broadcast twice weekly on rural radio in the local language (Maninka), offered a forum to discuss subjects such as reproductive health and sexuality. To complement the programs,

radio spots were broadcast before the evening news, highlighting the key messages of the radio programs. During community mobilization activities, campaign organizers showed movies and documentaries on STIs, HIV/AIDS, and problem pregnancies. The local working groups organized the broadcasts with support from *PRISM* and also distributed promotional materials such as T-shirts, hats, balloons, and brochures.

## IMPACT

In April 2002, researchers conducted an impact evaluation to assess perceptions, attitudes, and behaviors regarding HIV/AIDS, other STIs, and unintended pregnancy. They used data from the 1999 DHS survey in Upper Guinea as a baseline for selected key indicators and chose the Beyla province in Guinea Forestiere as a comparison (control) area.

Outcomes of interest included reported condom use at last sexual intercourse and contemplation of abstinence. Results showed significant differences in perception of community openness in discussing youth sexuality issues with 60.4% males in the intervention area reporting more openness as compared to 32.7% in the control area, and 41.0% females in the intervention area as compared to 13.3% in the control area (figures 1 and 2). Peer educators were the primary source of reproductive health messages, and more than 80% of youth felt that community and religious leaders supported the peer educators.

The results also showed a significantly higher proportion of young men and women in the intervention area ever using a condom

or using a condom at last sex, when compared to the control site. Even though knowledge of HIV/AIDS was already high, both men and women in the intervention area demonstrated a significantly higher knowledge of methods to prevent HIV infection than the control group (figure 3).

Researchers found a significant association ( $p < 0.01$ ) between the level of campaign exposure and condom use at last sex. But once a respondent participated in two campaign activities, a "diminishing return" effect on behavior change was associated with participation in a larger number of activities. The campaign was effective in improving preventive behavior such as condom use at last sex, which was significantly higher ( $p < 0.01$ ) in the intervention area than the control (47.6% vs. 24.1% for men and 27.0% vs. 2.7% for women respectively).

Overall, the youth campaign affected men and women differently, a finding that reflects women's status in Guinean society. The majority of respondents participated in at least one campaign activity, with more men (83%) than women (63%) participating. Young men that participated in a larger number of campaign activities showed significantly higher odds (1.24) of using a condom at last sex. Young women, on the other hand, had significantly higher odds (1.27) of contemplating abstinence when they perceived their community to be more open to discussing reproductive health issues as compared to one year prior to the survey.

The Guinea Youth Campaign results illustrated the power of involving youth in designing a community mobilization approach to prevent unintended pregnancy and the spread of HIV/AIDS and STIs.

## COMMUNICATION Impact!

Summarizes key research and programmatic findings from Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP).

### Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs

Jane Bertrand, Director  
Jose G. Rimón II, Senior Deputy Director

### Center Publications

Kim Martin, Editor  
Rita C. Meyer, Materials Development Manager



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